



Board of Commissioners
Department of Economic Development and Planning

PRE 1994 COMMUNITY REINVESTMENT AREA PROGRAM APPLICATION

PROPERTY OWNER INFORMATION

1. Property Owner Name: _____
2. Property Owner Mailing Address: _____
Street address or PO Box
City State Zip Code

SUBJECT PROPERTY INFORMATION

3. Address of subject property: _____
Street Address
City Zip Code
Phone number Fax number
4. Parcel identification number:
(Tax Parcel #) _____
5. Exemption is for: (Check one) ☐ New Construction **or** ☐ Remodeling
6. Cost of Construction: \$_____ 7. Completion Date: _____
(Month/Day/Year)
8. Does this project involve a structure of historical or architectural significance? ☐ Yes ☐ No
If yes, *attach written certification* of such by the Ohio Historical Society.
9. Attach: (a) *legal description of property as it appears on deed*, (b) *certificate of occupancy*,
(c) *construction documentation- building permit, verification of costs, etc.*

Date

Property owner signature

FOR OFFICIAL USE ONLY

Tax Parcel ID#_____ Community Reinvestment Area _____

Project meets requirement for abatement under ORC 3735.67 (Check one) ☐ A ☐ B ☐ C

Resolution effective date_____ Abatement Period _____

Is certification attached for historical or architectural significance? ☐ Yes ☐ No ☐ N/A

I certify that the project described herein meets the necessary requirements for the Community Reinvestment Area.

DATE

JAMES SCHIMMER, HOUSING OFFICER